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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Bhutan

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1996 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Bhutan which has an annual planning level of $1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of $5,000,000 from general resources, subject to the availability of funds, and $9,100,100 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1997 to 2001.

* E/ICEF/1996/18.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43/Add.2).

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BASIC DATA
(1994 unless otherwise stated)

Child population (millions, 0-15 years)	0.7
U5MR (per 1,000 live births)	193
IMR (per 1,000 live births)	125
Underweight (% moderate and severe) (1988)	38
Maternal mortality rate (per 100,000 live births) (1990)	1,600
Literacy (% male/female) (1995)	56/28
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%) (1995)	58
Access to health services (%) (1985)	65
GNP per capita	$400
One-year-olds fully immunized against:	
tuberculosis:	96 per cent
diphtheria/pertussis/tetanus:	86 per cent
measles:	81 per cent
poliomyelitis:	84 per cent
Pregnant women immunized against:	
tetanus:	60 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. Prior to the commencement of planned development in 1961, Bhutan had no roads, communications, electricity, schools or health facilities. Even today, the delivery of basic social services and mechanisms for local governance are particularly challenging given the dispersed population, mountainous terrain and limited infrastructure. Despite these constraints, sustainable human development is a national priority. The Government ratified the Convention on the Rights of the Child and the World Summit for Children Declaration in 1990, and has prepared a report for submission to the Committee on the Rights of the Child. The Convention on the Elimination of All Forms of Discrimination Against Women was ratified in 1981. A national programme of action (NPA) for children was prepared and incorporated into the Seventh National Development Plan (1992-1997). Significant gains have been made in the area of child survival and development, and almost all the mid-decade goals have been achieved.

2. The National Health Survey (1994) recorded reductions in the infant mortality rate and under-five mortality rate, from 103 and 158 per 1,000 live births, respectively, in 1984, to 71 and 97 in 1994. The maternal mortality rate (MMR) was assessed at 380 per 100,000 live births in 1994 as compared to 770 in 1984. 1/ These decreases in mortality reflect major gains in the situation of children and women and progress towards the NPA goals.

1/ The MMR shown in the basic data table above was issued officially by the United Nations. It refers to 1990 estimates and was derived from a recently developed methodology. The alternative estimates used here are accepted nationally and are based on the 1994 National Health Survey. They are the only available estimates that permit an assessment of recent changes.

3. Bhutan achieved universal child immunization in 1991 and has sustained immunization coverage at over 80 per cent for all antigens. Child malnutrition is estimated to be 38 per cent. Iodine deficiency disorders (IDD) have been almost eliminated through the sale of iodized salt to 95 per cent of households. Similarly, vitamin A deficiency is being controlled through the distribution of high-potency capsules. Anaemia, particularly among pregnant women, is estimated to be highly prevalent.

4. There has been notable progress in providing clean drinking water to the population, 58 per cent of whom now have piped water schemes and 70 per cent some form of household latrine. Despite these gains, the incidence of diarrhoea among children is reported at 3.9 episodes per annum. Fluids and feeding are given in 85 per cent of diarrhoea cases, but additional fluids are administered in only 34 per cent of cases.

5. Gross enrolment in primary schools has increased to 72 per cent. Gender disparity in enrolment is decreasing, with a ratio of 57:43 for boys to girls. Girls and boys in remote mountain valleys now have the opportunity to attend community schools. Repetition and drop-out rates continue to decrease with no significant gender gaps and with a 59 per cent completion rate for seven years of primary schooling.

6. Although only three cases of HIV infection have been detected in the country, the Government recognizes the risk of an HIV/AIDS epidemic because of the high prevalence of sexually transmitted diseases, the HIV situation in neighbouring countries and a liberal attitude towards sex.

PROGRAMME COOPERATION, 1992-1996

7. The 1992-1996 programme of cooperation was planned to coincide with the Five-Year National Development Plan, which incorporated the mid-decade and decade goals. Health activities included support to immunization, control of diarrhoeal diseases and acute respiratory infections (ARI), sanitary education and training, and preventive maternal health. The programme also supported activities related to breast-feeding, growth monitoring, iron and vitamin A supplementation, and nutrition education. Water and sanitation activities included the provision of water and installation of latrines in rural areas, schools and health facilities. Primary education was strengthened by the production of textbooks, support to community-based schools and the initiation of curricular reform. The successful achievement of programme objectives was due primarily to the ongoing assessment of performance and the constructive application of lessons learned.

Lessons learned

8. The establishment of a network of community-based outreach clinics in recent years has strengthened the health system and facilitated the delivery of essential maternal and child health (MCH) services in remote areas. The sustainability of high immunization coverage is linked directly to the expansion of these outreach facilities. Similarly, the construction of community schools by villagers has increased access to education for thousands of young children, especially girls, in remote hamlets. These low-cost, community-based approaches have empowered communities with the knowledge and awareness to manage and maintain development inputs, ensuring sustainability.

9. A 1996 assessment of the IDD control programme reported progress towards the elimination of IDD, but identified the need to intensify monitoring at all stages of the salt iodization and distribution processes. In the water and

sanitation sector, a major evaluation carried out by the Government, UNICEF and the European Union in 1995 highlighted the need for a more a balanced programme approach, with increased emphasis on sanitation and personal hygiene.

10. Quarterly programme reviews undertaken by the Government and UNICEF throughout the programme cycle have enhanced collaboration and improved programme management. Evaluations of the education and rural water supply sectors contributed to the strengthening of these programmes and to the development of national policies. Frequent exchanges of information on programme planning, monitoring and implementation have helped to build national capacity. Programme management would be further improved by the development of national and subnational systems to monitor social indicators.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

Estimated annual expenditure

(In thousands of United States dollars)

	1997	1998	1999	2000	2001	Total
General resources						
Health and nutrition	300	300	300	300	300	1 500
Water supply and sanitation	250	230	230	230	230	1 170
Basic education	250	250	250	250	250	1 250
Social mobilization and advocacy	130	130	130	130	130	650
Monitoring and evaluation	50	67	65	62	60	304
Programme support	20	23	25	28	30	126
Subtotal	1 000	1 000	1 000	1 000	1 000	5 000
Supplementary funding						
Health and nutrition	450	450	450	500	500	2 350
Water supply and sanitation	550	570	670	670	670	3 130
Basic education	450	450	450	450	450	2 250
Social mobilization and advocacy	200	200	200	300	300	1 200
Monitoring and evaluation	30	30	30	40	40	170
Subtotal	1 680	1 700	1 800	1 960	1 960	9 100
Total	2 680	2 700	2 800	2 960	2 960	14 100

Country programme preparation process

11. A mid-term review conducted in May 1995 assessed progress and provided direction on future strategies. A comprehensive situation analysis was completed at the end of 1995. Programme strategies were developed further during a series of sectoral strategy meetings held with United Nations partners and locally represented donor agencies in early 1996. A series of programme preview meetings was organized with key ministries and locally represented donor agencies in April 1996. Comments made by the Executive Board on the country note were also taken into consideration.

12. The Government's Eighth National Development Plan 1997-2002 provides the framework for the new country programme. The programme cycles of UNICEF and other United Nations agencies have been harmonized with the plan. Similarly, strategies and approaches adopted at recent international conferences on social development, population and development, and women are reflected in the plan. Self-reliance and sustainability are two guiding principles of national development in Bhutan. Accordingly, the Government has identified capacity-building, decentralization, cost-effectiveness and community participation as key components of the national development strategy.

13. UNICEF cooperation will be shaped by these strategies and by three additional objectives: (a) to enhance decentralization by according high priority to district- and community-level planning and implementation of services for children, while supporting capacity-building at district and community levels; (b) to promote the use of appropriate knowledge and information to stimulate communities' informed participation and decision-making; and (c) to support improved monitoring, with an emphasis on gender disaggregated data.

14. The Ministry of Finance will coordinate the planning, implementation, monitoring and evaluation of the country programme. The Ministry of Planning will liaise with UNICEF on issues of programme development and implementation. Other governmental ministries and departments, such as those responsible for health, education and home affairs, will be responsible for the implementation of specific programmes and projects. The programme will be implemented nationally. Depending on the availability of supplementary funds, other programme activities will be broadened in terms of scope and geographical coverage. Increased donor interest in UNICEF-supported programmes in Bhutan justifies the proposed level of supplementary funding.

Health and nutrition

15. The health and nutrition programme, aiming to consolidate the achievements of successful activities undertaken in the preceding programme, should contribute to the reduction of infant, under-five and maternal mortality through three projects: (a) MCH; (b) nutrition and child care; and (c) human resource development. The strategy will include expansion, strengthening and decentralization of the existing health care delivery system, thus empowering families with the knowledge and skills to make key decisions concerning the health of children and women. Integrating safe motherhood approaches into all levels of the health delivery system will be a key strategy to improve maternal health care.

16. The objectives of the MCH project are to eradicate polio; reduce morbidity and mortality from measles, diarrhoeal diseases and ARI; and reduce morbidity and mortality due to pregnancy-related diseases. Activities will focus on strengthening the expanded programme on immunization, aiming eventually to phase out donor support to vaccination activities, and on training central- and peripheral-level health workers in the management and treatment of diarrhoeal diseases and ARI. The United Nations Population Fund (UNFPA) will support improved obstetric care and family planning services in hospitals and basic health units, and UNICEF will support safe motherhood approaches, in particular safe home deliveries and timely referral of risk cases, as a component of primary health care (PHC).

17. With the establishment of a National Intersectoral Nutrition Committee, the main objective will be to reduce levels of protein-energy malnutrition through community-based use of the "triple A" approach (assessment, analysis and action) to identify causes and address the problem, initially in three districts. Interventions will include improving child care practices,

increasing access to PHC and enhancing household food security. The promotion and protection of breast-feeding will be given special emphasis. Improved training in nutrition for staff of basic health units will help to link growth monitoring with growth promotion.

18. The programme will support universal vitamin A supplementation for young children and lactating mothers, and address iron deficiency anaemia by providing iron and folate supplements to pregnant women and adolescent girls. Weekly supplementation rather than the daily dose will be assessed as an alternative approach. Reporting and monitoring systems will be established or improved. The distribution of vegetable seeds for demonstration kitchen gardens will promote dietary improvement. Until improved sanitation and hygiene can reduce the high incidence of intestinal parasites among the population, regular de-worming campaigns will be continued for primary school children.

19. The main strategy for IDD control will continue to be the iodization of salt, with the objective of universal consumption. UNICEF will support efforts to improve the effectiveness of monitoring and assist periodic assessments.

20. The process to improve the recruitment, training and in-service support of village health workers will be further strengthened through the provision of teaching aids, information packages and training. The treatment skills of health staff will be reinforced through the development of a training plan, improved basic training, on-the-job training and monitoring.

Water supply and sanitation

21. The gradual shift in the mix and weighting of strategies from service delivery towards advocacy and community capacity-building will be accelerated to attain a more holistic set of strategies aimed at improving household hygiene. Social mobilization, education and motivation will focus on hygienic latrine use, safe water use and improving hand-washing, bathing and laundering practices.

22. Service coverage will include all districts of the country, reaching about 200,000 people in some 1,500 of the 5,000 villages and about 100 rural primary and community schools with health and hygiene promotion activities, and some 140,000 people with improved water supply. Priority will be given to improving existing water schemes and institutional water and sanitation facilities in districts with below-average piped water supply coverage, and to communities that are at particular risk of diseases resulting from poor personal and environmental hygiene practices.

23. The water and environmental sanitation sectoral policy will be developed further through the formulation of a strategic master plan, preparation of a policy and procedures manual, and more systematic monitoring of coverage and impact. The Government will establish a multisectoral steering committee and increase contributions for capital investments in rural water supply and sanitation. The skills of technical and health personnel will be upgraded through in-service training. Skills in the management of water, sanitation and the environment will be strengthened in communities and in schools. To reduce community dependence on limited technical staff and to enhance community self-reliance, villagers will receive technical training. In addition, community contributions towards the capital costs of village water schemes will be introduced, the training curriculum will be revised, training-of-trainers courses will be conducted and equipment will be supplied. Private sector involvement will be sought for the marketing of materials for water supply, smokeless stoves and household latrines.

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Basic education

24. The objective of the basic education programme is to increase access to quality basic education for children, youth and adults, especially girls and women, through three projects: (a) primary education; (b) non-formal education; and (c) special education.

25. The primary education project aims to increase access to quality primary education. Capacity-building will improve the quality of education, increase access in underserved areas and among disadvantaged groups, improve the skills of educational personnel, and strengthen monitoring and evaluation. The quality of student learning achievements will be enhanced through more precise monitoring. Teachers' skills will be improved primarily through in-service training and selected overseas training opportunities if supplementary funds are available. Training will also be provided to personnel involved in the production of low-cost teaching aids and reading materials. Priority will be given to activities initiated by the school management boards and schools with low enrolment rates, and to the planning and evaluation of capacity-building activities. The Government plans to open over 70 new community-initiated schools in the next five years to increase access to primary education in rural areas. UNICEF will support the neediest new schools by providing window and roofing materials and educational supplies and equipment, depending on the availability of supplementary funds. Training of community members, school management boards and students will improve schools' physical and learning environments.

26. The non-formal education project will increase learning opportunities for youth and adults, especially girls and women in rural areas. UNICEF will provide teaching and reading materials and basic supplies to community learning centres to increase coverage by 1,500 learners yearly. Capacity-building will enhance project monitoring. Post-literacy activities for participants will address retention of literacy skills and enhance relevant life skills, including those stressed in Facts For Life.

27. The special education project is a new area of cooperation whose objective is to increase learning opportunities for children with disabilities. Appropriate interventions will be developed on the basis of a study to be undertaken in 1996. UNICEF inputs will focus on early detection and prevention, as well as on training of administrators and teachers, to address the special needs of disabled children in a cost-effective manner through their integration, when possible, into the regular school system and through the use of community- and family-based rehabilitation programmes. Awareness-raising and advocacy on behalf of disabled children will be conducted in collaboration with the advocacy, social mobilization and communication programme.

Social mobilization and advocacy

28. Advocacy involving policy dialogue, workshops, training and public information activities will focus on issues related to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women. Advocacy will also focus on promoting the special needs of the girl child, using material including "Meena" videos and comics for schoolchildren. Adolescent reproductive health will be addressed through studies, training and information materials for schools and youth groups.

29. Social mobilization activities will include dissemination of information and messages based on the Bhutanese version of Facts for Life, with the aim of making the content a way of life for families. In the absence of television, national radio will play a central role in popularizing messages on health, hygiene, education and child care. Facts for Life messages will be adapted to

various media forms through the involvement of local artists, musicians, writers and broadcasters. An exhibition on Facts for Life will tour the country as a means of creating awareness among schoolchildren and the public.

30. Buddhism plays a dominant and guiding role in the daily life of the majority of the population. Monks residing in the country's 2,000 monasteries have an important spiritual influence on all matters pertaining to life, death and physical well-being. Therefore, Buddhist monks and traditional healers will be trained to increase public awareness of health and personal hygiene through teaching and example. In doing so, religious practitioners will be involved in a holistic approach to the health needs of the population by complementing valuable traditional beliefs with elements of modern health care.

Monitoring and evaluation

31. UNICEF will cooperate with the Ministry of Planning and sectoral ministries to revise and update social indicators in health, nutrition, basic education and water supply and sanitation. As improved monitoring is essential to the achievement of the NPA goals for children, UNICEF will assist government departments to establish decentralized monitoring systems. Field staff will be trained to use data as a programme management tool. UNICEF will support the development of monitoring mechanisms using indicators reflecting child rights, initially through research and studies. Data will be disaggregated by gender, age and region for identifying disparities and initiating corrective action.

Cooperation with other partners

32. As the number of donor agencies working in Bhutan is limited, coordination is well organized. UNICEF will continue to liaise with other United Nations agencies, including the Food and Agriculture Organization of the United Nations, the United Nations Capital Development Fund (UNCDF), the United Nations Development Programme, UNFPA, the World Food Programme (WFP) and the World Health Organization (WHO) through established coordination mechanisms and participation in theme groups. In the health sector, collaboration is well established between the Danish International Development Agency (DANIDA), UNICEF and WHO. In the education sector, UNICEF cooperates with the Australian Agency for International Development, the German Agency for Technical Cooperation, Helvetas, UNCDF, the World Bank, WFP, the Canada Fund and volunteer agencies from Japan, the Netherlands, New Zealand and the United Kingdom.

33. In the water and sanitation sector, the Netherlands Development Organization supports field training, and DANIDA has supported the Information, Education and Communication for Health Bureau and urban water supply and sanitation activities.

Programme management

34. Quarterly reviews of programme progress will be conducted by government and UNICEF staff. A mid-term review of the entire country programme will be organized by the Ministry of Finance in 1999 to assess progress and identify constraints and opportunities for the future. The situation analysis will be updated every three years. Specific evaluations and studies will be undertaken to determine programme progress and impact. In the year 2000, an assessment of progress towards the NPA goals will be conducted. To achieve those goals, additional resources will be required through supplementary funding. A funding strategy will be developed to mobilize resources from interested donors. The UNICEF office in Thimphu has prepared a management plan which reduces staff costs and improves programme management and operational support.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : BHUTAN
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH & NUTRITION	1,500			1,500	0	0	0	0	0	0	0	1	1	2	0.0	62.1	62.1
WATER AND SANITATION	1,170			1,170	0	0	0	0	0	0	0	1	1	2	114.1	57.3	171.4
BASIC EDUCATION	1,250			1,250	0	0	0	0	1	0	1	0	1	2	618.2	17.0	635.2
SOCIAL MOBILIZATION AND ADVOCACY	650			650	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PLANNING AND SOCIAL STATISTICS	304			304	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	126			126	0	0	0	0	0	0	0	0	5	5	0.0	103.7	103.7
TOTAL GR	5,000			5,000	0	0	0	0	1	0	1	2	8	11	732.3	240.1	972.4
SUPPLEMENTARY FUNDING :																	
HEALTH & NUTRITION		0	2,350	2,350	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
WATER AND SANITATION		0	3,130	3,130	0	0	0	0	1	0	1	0	1	2	504.1	16.6	520.7
BASIC EDUCATION		0	2,250	2,250	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
SOCIAL MOBILIZATION AND ADVOCACY		0	1,200	1,200	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PLANNING AND SOCIAL STATISTICS		0	170	170	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT		0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
TOTAL SF		0	9,100	9,100	0	0	0	0	1	0	1	0	1	2	504.1	16.6	520.7
TOTAL GR & SF	5,000	0	9,100	14,100	0	0	0	0	2	0	2	2	9	13	1,236.4	256.7	1,493.1
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			585.7													
	Staffing				0	0	1	1	1	0	3	1	6	10	2,163.3	212.5	2,375.8
GRAND TOTAL (GR+SF+ADM)					0	0	1	1	3	0	5	3	15	23	3,399.7	469.2	3,868.9
Number of posts and staff costs:																	
Current programme cycle											6	2	13	21			
At the end of proposed programme cycle (indicative only)											5	3	15	23	3,399.7	469.2	3,868.9

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.